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PTO/SB/82 (09-03)

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	See Schedule A 09/883419
	Filing Date	See Schedule A
	First Named Inventor	
	Art Unit	
	Examiner Name	
	Attorney Docket Number	1949

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

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Customer Number:

000045069

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Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Robert M. Wynalda, Jr.

Signature

Date

8/17/04

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ Total of _____ forms are submitted.

Schedule A

Serial no. 09/883,619 filed 6-18-01 (1949-A-CIP)

Serial no. 10/323,118 filed 12-18-2002 (1949-B)

Serial no. 29/161,640 filed 05-31-2002

Serial no. 29/161,688 filed 05-31-2002

US Patent D483,980 issued December 23, 2003

US Patent D463,944 issued October 8, 2002